

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																							
1 Date of Request: <u>5-19-05</u>		2 Serial/Patent # <u>10/507,343</u>																					
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 90%;">Filing</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Amendment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Extension of Time</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Petition</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Issue</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintenance</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Assignment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Other</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	<input type="checkbox"/>	Amendment	<input type="checkbox"/>	Extension of Time	<input type="checkbox"/>	Notice of Appeal/Appeal	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Issue	<input type="checkbox"/>	Cert of Correction/Terminal Disc.	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Assignment	<input type="checkbox"/>	Other	4 PAPER NUMBER <div style="border: 1px solid black; text-align: center; padding: 5px;">1</div>	5 DATE FILED <div style="border: 1px solid black; text-align: center; padding: 5px;">9/10/04</div>	6 AMOUNT <div style="border: 1px solid black; text-align: center; padding: 5px;">\$ 43.00</div>
<input checked="" type="checkbox"/>	Filing																						
<input type="checkbox"/>	Amendment																						
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<input type="checkbox"/>	Other																						
<div style="background-color: #cccccc; height: 40px; width: 100%;"></div>		7 TOTAL AMOUNT OF REFUND <div style="border: 1px solid black; text-align: center; padding: 5px;">\$ 43.00</div>																					
10 REASON: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		8 TO BE REFUNDED BY: <div style="border: 1px solid black; padding: 5px;"> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: <div style="border: 1px solid black; display: inline-block; padding: 2px;"> 1 9 -- 1 0 9 0 </div> </div>																					
<input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation):																							
11 REFUND REQUESTED BY: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																							
TYPED/PRINTED NAME: <u>A Johnson</u>		TITLE: <u>308-9140</u>																					
SIGNATURE: <u>A Johnson</u>		PHONE: <u>paralegal</u>																					
OFFICE: <u>DO-ED</u>																							
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																							
APPROVED: _____		DATE: _____																					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: